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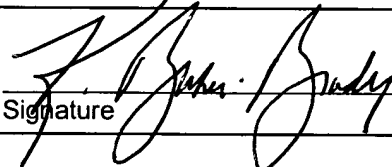
I hereby certify under 37 C.F.R. § 1.10 that this correspondence is being deposited with the United States Postal Service as **Express Mail Post Office to Addressee** with sufficient postage on the date indicated above and is addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. § 1.53(b)**

Attorney Docket Number	50004/002005
Applicants	ROY A. GRAVEL, RIMA ROZEN, DANIEL LECLERC, PHILIPPE GOYETTE, AND ERIC CAMPEAU
Title	HUMAN METHIONINE SYNTHASE: CLONING, AND METHODS FOR EVALUATING RISK OF NEURAL TUBE DEFECTS, CARDIOVASCULAR DISEASE, AND CANCER
<b>PRIORITY INFORMATION:</b>	
This application is a continuation of pending US Application Number 08/980,326, filed November 26, 1997, which claims the benefit of U.S. Provisional Application No. 60/031,964, filed November 27, 1996, and Provisional Application No. 60/050,310, filed June 20, 1997.	
<b>SMALL ENTITY STATUS:</b>	
<input checked="" type="checkbox"/> Applicant claims small entity status under 37 C.F.R. § 1.27.	
<b>APPLICATION ELEMENTS:</b>	
Cover sheet	1 page
Specification	48 pages
Claims	2 pages
Abstract	1 page
Drawings	7 sheets
Combined Declaration and Power of Attorney, which is: <input type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input checked="" type="checkbox"/> A copy from prior application 08/980,326 and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	3 pages
Sequence Statement	0 pages
Sequence Listing on Paper	0 pages
Sequence Listing on Diskette	0 disk
Preliminary Amendment and Version with Markings to Show Changes Made	5 pages
Information Disclosure Statement	0 pages

Form PTO 1449	0 pages
Cited References	0 references
Recordation Form Cover Sheet and Assignment	0 pages
English Translation	0 pages
Certified Copy of Priority Document	0 pages
Non-publication Request under 35 U.S.C. § 122(b).	0 pages
Request for Deferral of Examination under 37 C.F.R. § 1.103(d)	0 pages
Return Receipt Postcard	1
<b>FILING FEES:</b>	
Basic Filing Fee: \$375	\$375.00
Excess Claims Fee: $10 - 20 = 0 \times \$9$	\$0.00
Excess Independent Claims Fee: $4 - 3 = 1 \times \$42$	\$42.00
Multiple Dependent Claims Fee: \$140	\$0.00
Total Fees:	\$417.00
<input checked="" type="checkbox"/> Enclosed is a check for \$417.00 to cover the total fees. <input type="checkbox"/> Charge <b>[**AMOUNT**]</b> to Deposit Account No. 03-2095 to cover the total fees. <input type="checkbox"/> The filing fee is not being paid at this time. <input checked="" type="checkbox"/> Please apply any other charges or any credits to Deposit Account No. 03-2095.	
<b>CORRESPONDENCE ADDRESS:</b>	
Kristina Bieker-Brady, Ph.D. Reg. No. 39,109 Clark & Elbing LLP 101 Federal Street Boston, MA 02110 Telephone: 617-428-0200 Facsimile: 617-428-7045 <b>CUSTOMER NO: 21559</b>	
Signature 	Date <u>June 27, 2003</u>

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